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## \*BIBDATASHEET\*

CONFIRMATION NO. 1180

Bib Data Sheet

|                             |                                       |              |                        |                                  |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>09/904,179 | FILING DATE<br>07/11/2001<br><br>RULE | CLASS<br>623 | GROUP ART UNIT<br>3732 | ATTORNEY<br>DOCKET NO.<br>5510US |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|

APPLICANTS  
 Dan K. Ahlgren, San Diego, CA;

\*\* CONTINUING DATA \*\*\*\*\* *OK. AR 9/29/04*  
 This appln claims benefit of 60/218,975 07/17/2000

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None. AR 9/29/04*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 08/27/2001

|  |   |                           |                         |                                   |                            |
|--|---|---------------------------|-------------------------|-----------------------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br><i>Anuradha Kamare AK</i><br>Examiner's Signature Initials | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>15 | TOTAL<br>CLAIMS<br><del>5</del> 5 | INDEPENDENT<br>CLAIMS<br>4 |
|--|---|---------------------------|-------------------------|-----------------------------------|----------------------------|

ADDRESS  
 30328  
 NU VASIVE, INC.  
 10065 OLD GROVE ROAD  
 SAN DIEGO, CA  
 92131

TITLE  
 Stackable interlocking intervertebral support system

|                                    |   |   |
|------------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>1351 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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